



This paper examines a contemporary Chinese American immigrant community in the New York City area centered on a religious healer, Cheung Seng Kan 張成根.<sup>1</sup> He practices *qigong* 氣功 (also romanized as *ch'i kung* or *chi gung*), Buddhist chants, and Chinese medical arts. Cheung and his community have access to transnational religious healing techniques available to Sinophone audiences via YouTube videos, cable television shows, local radio programs, and objects easily accessible from Chinatown stores, such as *fengshui* 風水 almanacs and apotropaic amulets. Taking advantage of these readily available resources, Cheung is an autodidact who has developed an eclectic repertoire of religious healing. Focusing on Cheung's experiences of learning and teaching *qigong*, acupuncture, and Buddhist chants and rituals, I argue that healing and religion overlap, a perspective that has not been given attention in the discourse on global Chinese medicines.<sup>2</sup> Cheung is the central node in this immigrant network, embedding his students and patients into the lineages of four Chinese/American teachers—one in China and three in the US—as a teacher of religious and healing arts to four dozen Asian (mostly Chinese) Americans.

The centripetal force of religious healing that forms and binds Cheung's community also highlights how religious healing intersects with class, labor, and global capitalism.<sup>3</sup> Born in 1955 in the port city of Guangzhou, China, Cheung was raised working class as the youngest of six children. He was taken out of school at 10 years of age to work in the countryside farms as part of Mao Zedong's rustication program that resettled 17 million urban youths for manual labor and socialist reeducation in the late 1950s and early 1960s (Rene 2013). Afterward, Cheung held various jobs as a carpenter, cafeteria cook, barber, and factory worker in a beverage company. He does not speak fondly about the Chinese Communist Party and blames them for taking away his access to education and, hence, the opportunity for white-collar jobs. He enthusiastically immigrated to New York City with his wife and son in 1987 for the chance for his child to receive a better education, which he believes is the key to socioeconomic mobility. Cheung and his wife worked at garment factories (sweatshops) in lower Manhattan (Chin 2005). He met two of his four teachers at these factories, which employed and exploited Chinese immigrants like himself. The grueling conditions and stress on his body exacerbated his need for healing. Cheung not only adapts Buddhist life release ritual to his working-class conditions, but his

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<sup>1</sup> An earlier version of this paper was presented at the 2022 American Academy of Religion Annual National Meeting. I am grateful for the helpful feedback provided by the audience there, including Justin B. Stein, the guest editor of this special issue, and by reviewers.

<sup>2</sup> Recent studies such as those by Bu (2023), Soon (2020), and Shelton (2019) ignore religion. A rare exception is Lo and Stanley-Baker (2022). To be sure, as one reviewer pointed out, work in transnational Asias do attend to the relationship between healing and religion in the spread of yoga, mindfulness meditation, and Buddhist medicine. For instance, contributors to Brown and Yeoh offer examples that "collectively place a stronger emphasis on the connections and interactions that are developed between different communities *through religion* in transnational social spaces" (2018, 18; original emphasis). I find that religion is generally understudied in anglophone scholarship. Explaining the reasons for this in ethnic studies, Khyati Joshi writes, "In some cases, it is the product of scholars' own unease with religion; in others it springs from the perception of religion as mere superstition and Karl Marx' influential trivialization of religion as the opiate of the masses. Meanwhile, the study of religion and its role in society and individuals' lives is mostly relegated to departments of religion and seminaries" (2020, 9).

<sup>3</sup> I thank the reviewer who suggested this framing.

consumption of the various aforementioned religious healing media also shows the global demand for low-cost avenues of healing.

The subject of this paper happens to be my father. Although there is research on intergenerational transmission of religion from (grand)parents and elder relatives to younger children, I have not come across literature on children influencing their parent's religion. This is important for understanding Cheung because it was only after his son's (my) academic study of Buddhism that Cheung pursued Buddhist healing arts. I have written elsewhere on (1) the challenges and benefits of researching a close family member by suggesting filial ethnography as a subgenre of autoethnography (Cheung 2023); (2) my father's practice of Chan-*taiji* 禪太極<sup>4</sup> (*taiji* is also romanized as *tai ch'i*) and use of buddhas and bodhisattvas in healing (Cheung and Salguero 2019); (3) his healing successes as examples that blur or reject the boundary between miraculous and natural phenomena when applied to the complex realities of religious healing (Cheung 2022); and (4) how the perceived efficacy of his healing gives him authority and legitimacy when he teaches Buddhism and curates Chinese religious ritual practices for his community (Cheung 2024). The dynamic movement and circulation of Cheung's healing community between China and the US emphasizes the transnational nature of Chinese medicine and religious healing.

By invoking movement and circulation, I agree with Bernardo Brown and Brenda Yeoh's assessment that "it is no longer possible to speak of 'sending' and 'receiving' communities" when it comes to many Asian migrants and their religious involvement (2018, 26). As a node connecting four teachers, Cheung circulates each of his teachers' practices in a way that highlights the messiness of categorizing religious healing practices. He himself is also an example that blurs boundaries. His practices invite expansion of the following categories: (1) Yang-style 楊氏 *taiji* as martial *and* medical art, (2) acupuncture (and Chinese medical arts in general) as medicine *and* "placebo"—as a critique of biomedical hegemony, (3) *qigong* as (healing) meditation *and* religious practice, and (4) Buddhist chants and rituals as religion *and* medicine. Additionally, Cheung teaches Chan-*taiji*, which blurs neat boundaries between Buddhist practice and Chinese medical/martial arts. He is also an innovator of healing practices (e.g., gluing magnets to clothespins used to clip onto an acupressure point) and actively adapts Buddhist life release rituals. In other words, Cheung acts as a node that not only connects but transforms. The analysis in this article is organized chronologically by Cheung's four teachers, concluding with how he became the central teacher of his own community of four dozen relatives, friends, students, and patients.

The case of Cheung's community allows us to ask several theoretical questions: What practices count as Chinese? Buddhist? Asian? Religious? Medical? What practices can

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<sup>4</sup> Chan in Japanese is Zen.

neatly be contained in the category of medical arts or healing practices as opposed to self-cultivation, religious practices, martial arts, and meditation (however defined)? How does class and labor factor into the circulation of religious healing media? I describe the practices of Cheung's community as *Chinese* medicine and religious healing not to posit an essential "Chinese-ness" via their spoken Cantonese conversations and use of Cantonese radio programming (in addition to Mandarin television shows and Chinese books), but rather to refer to Chinese(-ness) here as a *medical* language. One that is an expression of onto-epistemology (both are entangled, not separated), that is, language that articulates the worldviews of *qi* and karma, and how these underlie efficacy of acupuncture/*fengshui* and deep-rooted causes of disease from previous actions/lives. On the translation from a Chinese medical language to a biomedical one, Mei Zhan demonstrates, "that translation is not a neutral medium that bridges existing cultural differences but rather is a set of uneven, contingent processes and practices by which differences are produced and encoded in clinical knowledges and in broader sociohistorical identities" (2009, 26). In other words, translation between medical languages is not a one-to-one mapping of terms and concepts but an active process.

Focusing solely on the translation of medical languages leads to the common problem of assuming a hierarchy of medical languages, in which all minoritized languages are translated into a hegemonic biomedical one, but not in the other direction. Cheung's community uses medical languages with key concepts that are *untranslatable*, and they oscillate between concepts of biomedicine, *qi* and karma.<sup>5</sup> The transnational nature of the movement applies to linguistic expressions of disease and healing as much as it does to bodies that migrate across state borders.

### First Teacher: Martial-Medical Arts and Roots of Self-Cultivation

Growing up poor in Guangzhou, Cheung partially blames his childhood poverty and malnutrition for the stomach pains that have plagued him since he was young. Cheung does not speak of his parents fondly, describing his father as selfish in spending money and time on himself, including practicing *taiji* for his own benefit at the expense of caring for his children. His father never taught Cheung *taiji*, but left him with the indelible impression of its value for health. Cheung describes his mother as letting his siblings bully him, not protecting him as the youngest of six children, and letting his older siblings take his food—contributing to his stomach ailments. His stomach pains, which continue to bother him to this day, are the impetus that drive him to pursue healing.

Cheung's self-cultivation practices began in 1966 at 11 years of age with his first *shifu* 師傅<sup>6</sup> of martial arts, including *baguaquan* 八卦拳 and *taiji*. *Taiji*, especially Yang-style, blurs the

<sup>5</sup> See Cheung (2025b) for my argument of how Cheung's community code-switches among multiple medical-religious languages.

<sup>6</sup> *Shifu* 師傅 connotes a considerably deeper sense of respect and authority than the English term "teacher."

boundaries between martial and medical arts (Klein and Adams 2004). This foundational training allows him to watch brief video clips or read books with minimal illustrations of bodily movements and be able to learn to implement the practice, whereas the uninitiated, such as his students or patients, would find such information difficult, if not impossible, to decipher. Cheung began his role as a teacher in his teenage years when he taught martial arts to his neighborhood friends in China.

After immigrating to Brooklyn, New York, at the age of 32 years, Cheung lost touch with his first teacher after two decades of discipleship. Yet, he continues to practice what he learned from that first teacher, and apply and teach elements of those practices, especially in his family network. While Cheung's siblings and parents remain in China, he has spent more than half his life in the US with his wife and her extended family in the New York City area, along with his son and grandchildren. For most of his life, Cheung's healing was directed toward himself and his relatives. For example, he has passed on the practice of Yang-style *taiji* to his sister-in-law who became interested in the healing aspects of *taiji* for gentle movements to alleviate her arthritic pain. She, like most of Cheung's in-laws, also worked in New York City garment factories as there were few employment opportunities for immigrants with limited English language skills. Cheung continues to use formulas learned from his martial arts teacher to make his own healing liniments for himself and his family to treat minor bruises and sprains (Figure 1).



**Figure 1.** Cheung (front, center) training students in martial-medical arts at his New Jersey home. (Source: Photo by author, taken July 13, 2018.)

## Second Teacher: Acupuncture, Chinese Medical Arts, and Major Healing Success of a Relative

Cheung's first major healing success—helping his mother-in-law recover from post-stroke paralysis—resulted from techniques he learned from his second teacher. Dr. M was a coworker in a garment factory in Manhattan's Chinatown, where Cheung began to work in the 1990s. Dr. M was a medical doctor who left China after the Cultural Revolution and its forced “rehabilitation,” which sent medical doctors to the countryside, stripping them of their status and material possessions.<sup>7</sup> Dr. M taught Cheung the basics of Chinese medical arts, including cupping, moxibustion (which Cheung practices by gathering mugwort from local parks), the use of electronic acupuncture machines, and more.

It was the use of an electronic acupuncture machine that helped his mother-in-law recover, despite the poor prognosis from a biomedical doctor. The chances of recovery were low because his mother-in-law was in her sixties. After Cheung's nightly acupuncture treatment for two months, she made a full recovery. These machines were easily available for purchase in New York Chinatowns in the 1990s, and, more recently, through the internet. There are various versions, including ones that Cheung prefers, which use electric stimulation of acupressure points without needles (in contrast to other models that deliver electric pulses through the needle, speeding up acupuncture treatments to 15 minutes compared with the 50 minutes of treatment when using the needles without a machine).

For Cheung and his community, this example is clear evidence of the efficacy of acupuncture. However, acupuncture has been criticized and dismissed as mere placebo or “theatrical placebo.”<sup>8</sup> I have argued elsewhere that acupuncture and Chinese medical arts in general have been casted as placebo because of the hegemony of biomedicine enforced by modern nation states (Cheung 2022, 2025a).<sup>9</sup> This dismissal of acupuncture is because its underlying paradigm of health is governed by *qi*, which jeopardizes the hegemony of the biomedical paradigm. *Qi* (also romanized as *ch'i*), or psychophysical energy, being incommensurate with biomedicine is labeled as placebo to contain it in biomedicine. Serious engagement with placebo effects threaten biomedicine because the definition of placebos itself—something that heals without any active healing properties (at least according to biomedicine)—challenges what it means to heal in the first place while simply reaffirming the preeminence of biomedical explanations.

Acupuncture practitioner Ted Kaptchuk (2011), who has become a leading researcher of placebo effects, argues that research on placebo effects and ritual studies can cross-fertilize both fields. In his comparative study on acupuncture, Navajo healing ritual, and placebo

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<sup>7</sup> “Mao purposely tried to destroy the professional identity of Western and elite Chinese medical practitioners, because their abstract knowledge and expertise allegedly alienated them from the people and made it impossible for them to care for the masses” (Gross 2018, 355).

<sup>8</sup> Colquhoun and Novella (2013) are not the only ones to do so, but their views are representative of critics. See the response by Wang et al. (2013).

<sup>9</sup> For more on the hegemony of biomedicine, see Tilley (2021).

effects, Kaptchuk found that “[d]ifferent healers can have different effects on patients even when they perform an identical prospectively defined precise scripted interaction” (2011, 1856). Though Kaptchuk is puzzled by this result, Cheung’s understanding of *qi* flow and exchange as influenced by the relationship between healer and patient explains why different healers performing the exact same ritual can lead to different outcomes.

The key here is that Cheung’s perspective on healing with *qi* includes the notion of karmic affinity (*yuanfen* 緣分) and the broader Chinese religious–philosophical concept of sympathetic resonances (*ganying* 感應) (Cheung 2022). This is to say that therapeutic efficacy is affected by not only the karmic relationship between the healer and the healee but also the *qi* resonances between the two, including five phases (*wuxing* 五行) and degrees of astrological in/compatibility. Although Cheung used the electronic acupuncture machine alone to achieve healing success with his mother-in-law, today he would likely use this in conjunction with a host of other remedies that include herbal supplements and *fengshui* charms and amulets.

To understand Cheung’s use of acupuncture or any technique in his healing repertoire, one must consider his fluid assimilation of multiple epistemic and ontological perspectives on healing and the mind-body. Cheung has no problems with contradictions in etiological explanations of disease among Chinese religious, Buddhist, or biomedical views of the mind-body. He oscillates between multiple medical languages with untranslatable explicatory and onto-epistemic paradigms.

### Third Teacher: *Qigong*, Renewed Interest in Self-Cultivation, and Religious Healing

Cheung’s relatives do not merely benefit from his healing, but rather they too have taught him healing practices. His third teacher, his brother-in-law’s brother, learned “wisdom healing *qigong*” (*zhineng qigong* 智能氣功) in southern China and, after returning to the US in early 1999, he taught a 43-year-old Cheung. Working long hours and six days a week in garment factories, Cheung had no time for self-cultivation. Standing up all day and using repetitive motions to steam-press wrinkles out of clothes has taken a toll on his legs. Learning *qigong*, Cheung renewed his interest in self-cultivation and carved out time after work to practice every night to heal his stomach issues as well as work-related physical wear and tear.

*Qigong* is literally the practice or manipulation of *qi* for healing. As I have written elsewhere, “to frame this practice as a healing meditation with unremarkable ontological commitments or an esoteric religious ritual—akin to how the Chinese Communist Party paints Falun Gong as a cult—is a political decision” (Cheung 2023, 17).<sup>10</sup> On one side,

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<sup>10</sup> See Palmer (2007) for a history of *qigong*, including its modern creation and how the Chinese Communist Party initially presented it as a practice backed by science, then claimed *qigong*’s later developments—such as Falun Gong—to be a superstitious evil cult.

there are scientific studies on *qigong* that purport to show a host of benefits for conditions like arthritis and diabetes, usually painting a picture of such practice as gentle stretching and relaxation. On the other side, charismatic *qigong* masters who claimed the ability to levitate and channel deities sold out thousands in stadiums to watch them perform healing miracles. Just like meditation, *qigong* is not one monolithic practice.

Cheung continues wisdom healing *qigong* to this day. It was his *qigong* practice in a neighborhood park near his Brooklyn home that led him to expand his community of healing beyond his relatives. In 2012, Mrs. L approached Cheung after his *qigong* practice. She became his first nonrelative patient, later student, then friend, and is his most ardent supporter and publicist. She has since introduced him to a dozen patients and students because of his use of *qigong* to heal a golf-ball-sized tumor on the back of her neck that bothered her for decades.<sup>11</sup> After two weeks of *qigong* treatment in 2012, Mrs. L's tumor has not returned since.

Mrs. L and some of her friends form Cheung's core student group. Members of the group already have a background in self-cultivation practices, such as *qigong*, Reiki, and Buddhist sitting meditation. What Cheung provides them is a different form of *qigong*—wisdom healing *qigong*. According to Cheung, this form is extremely effective because “the founder, Pang Heming, had nineteen teachers, who knew Buddhist teachings, Daoist teachings, and yoga. He combined the essence of those teachings together to create it. That is why this practice has relatively fast results” (in Cheung and Salguero 2019, 243). Wisdom healing *qigong* is a clear example of the messiness of religious healing practices that are difficult to delineate into distinct religious systems neatly. Cheung himself as a healer is also an example of this messiness (Figure 2).

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<sup>11</sup> See Cheung (2022) for my argument for understanding this instance of healing as a natural, as opposed to supernatural, miracle.



**Figure 2.** Cheung using *qigong* to heal a family friend in New Jersey. (Source: Photo by author, taken September 1, 2018.)

In terms of transnational network and community, Cheung began teaching *qigong* to his childhood friend in the summer of 2021. This childhood friend was visiting his daughter who lives in Long Island, New York, and he made a few trips to Central New Jersey, where Cheung moved in 2017. Though moving away from New York City meant less frequent visits from this community established in 2012, Mrs. L and others continue to stop by for healing sessions and Cheung has begun to heal his new neighbors as well. His childhood friend made the effort to see Cheung before returning to China at the end of 2021. Cheung taught his friend *qigong* to pass onto their mutual friends and community in China. Cheung calls this his lineage—the passing on of *his* teachings—and sees his friend as his disciple.

Since 2022, Cheung has continued to teach this community in China through WeChat. This flow of *qigong* is not merely an unaltered transmission from mainland China (via Cheung's relative) to the US (to Cheung) back to China (to his childhood friend). Rather, Cheung himself is an innovator who supplements *qigong* with other ritual prescriptions, as discussed later. Before addressing his new developments, I turn to his fourth and final teacher of healing practices, that of Chinese herbal tonics used by Buddhists. It was this teacher exposing—but not directly teaching—Cheung to Buddhist medical arts along with my concurrent academic interest in Buddhist studies (when I started graduate work in this field) in 2008 that led Cheung to learn Buddhist meditation and chants.

#### Fourth Teacher: Herbal Tonics and a Turn Toward Buddhist Medical Arts

Cheung's fourth teacher was another coworker at a different garment factory who was trained in Buddhist medical arts from Shaolin Temple. Shaolin is internationally famous for their martial arts and less known for their medical arts. As with *taiji*, on closer examination, it becomes difficult to draw the boundaries between martial and medical arts. This coworker taught Cheung herbal formulas, which he uses to create tonics that he currently stores in rice wine bottles in his home. Cheung makes a distinction here that the tonics were used by Buddhists—Shaolin monastics, to recover from martial arts sparring and training—but the medicine itself was not Buddhist, merely grown on the mountains where Shaolin Temple is located. In other words, Cheung considers the category of Buddhist medical arts to only include Buddhist meditative healing and spells. Cheung's fourth teacher mentioned these but did not teach any techniques, so Cheung had to search elsewhere to learn on his own. Cheung said it was as if he was listening to stories and fairytales, but never learned Buddhist medicine from this teacher who only provided him with herbal formulas.

Cheung's main Buddhist healing practices are sitting meditation and chanting Buddhist spells to Buddhist deities. After I began graduate school, he asked me if I studied any practices that promoted healing. At the beginning of my graduate studies, I had not focused on religious healing, and thus he pursued learning on his own. He learned meditation and chants mainly from YouTube and Chinese video streaming sites including Tudou.com. He began a daily practice of Buddhist sitting meditation in 2012 and daily chanting since 2016. He would chant early mornings or late at night directed toward an altar he set up in an auspicious corner of his home, according to *fengshui* geomantic principles. Note here his fluid and frequent assemblage of multiple religious systems.

The altar contains Buddhist, Chinese, Korean, Japanese, Tibetan, and Thai religious objects. In learning Buddhist chants through online videos, Cheung pauses the playback when the screen shows an image of Buddhist spells written in Devanagari and places a piece of white paper over the screen to trace the spell, which is then hung above his altar along with an eclectic mix of other talismans, charms, ritual objects, and implements. Surrounding his altar are Tibetan Buddhist prayer flags and a copper pyramid he purchased online that he uses to gather cosmic energy during seated meditation (Figure 3). Cheung also learns mudras (sacred hand gestures) from internet videos, which he incorporates into his healing rituals. He teaches these Buddhist medical arts to his students along with *qigong* practice and a host of medical arts.

An example of how I am implicated in Cheung's Buddhist healing is when he asked me to procure cups inscribed with the Great Compassion Mantra in 2010 during my study abroad in Beijing. A local temple sold cups that I brought back for him. They now sit on his altar. Water that sits in these cups is believed to have the power to heal and so he drinks from it and provides it to his community who visit his home. Other examples include my own initiative in bringing him items that I know he would appreciate. In 2015, the

American Academy of Religion held a Tibetan Buddhist ceremony that included the creation of a sand mandala over the course of their four-day annual conference. At the end of the ritual ceremony, the monks destroyed the intricate art created from colored sand and packaged them into tiny bags for audience members to receive. After showing this bag and explaining the ritual to my undergraduate students, I gave Cheung the bag, which now sits on his altar. I also gifted him Tibetan Buddhist prayer flags that my cousin, Cheung's nephew, picked up for me during a trip to Asia. I brought Cheung to Chuang Yen Monastery<sup>12</sup> in Carmel, New York, and introduced him to Dhammadipa Sak (the abbot there in 2013) whom I met at an academic conference for Asian and comparative philosophy in 2012. Dhammadipa gifted Cheung a print of the Seven Medicine Buddhas found on the north wall of Mogao Cave 220, an early Tang dynasty illustration of the Medicine Buddha Sutra (UW Tateuchi East Asia Library et al. 2022). That image is now framed and functions as a center piece above his altar.



**Figure 3.** Cheung's altar in his New Jersey home. (Source: Photo by author, taken February 23, 2024.)

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<sup>12</sup> See Cheung (2022) for a description of Cheung's involuntary movements in response to visiting this and other temples.

### Cheung as Autodidact and an Innovator-Teacher of Novel Techniques and Rituals

Cheung's enthusiasm to accrue an eclectic assemblage of healing objects for his altar extends to how he consumes information on healing practices from different Sinophone media. Cheung never learned English. Living in the New York City area for four decades, he has access to a variety of popular books, local radio programs, cable television shows, and internet videos, all in Cantonese or Mandarin. Though some of these resources are created for beginners, others are quite inaccessible to audiences without the foundational knowledge in self-cultivation that Cheung has.

He learned advanced *fengshui* calculations, which he used when he was looking for his home in Central New Jersey. These included the degrees the front door is facing and where the bathroom is located in the home. These are not merely static recommendations, but rather adjusted to the people living there based on their particular *qi* configurations calculated from birth charts.

Cheung purchases *fengshui* fortune almanacs annually and follows the popular Hong Kong geomancer Peter So Man Fung's 蘇民峰 recommendations to balance the five phases by placing small objects throughout his house according to a complex grid system that uses cardinal directions. For instance, a particular year might need plants in the northeast, six coins in the south, and an open cup of water in the southwest. This practice is recommended to prevent misfortune and disease, and attract fortune and good health. Cheung prescribes this geomantic practice for the homes of his patients and students every lunar year. So's books, which sell on average 150,000 copies a year, are in competition with *fengshui* almanacs by other experts (Figure 4). Cheung's role in recommending one particular book to his community over others indicates a religious authority in selecting the *fengshui* expert who is most effective in explaining interventions and providing rationale for object placement.<sup>13</sup> Because his perceived healing efficacy gives him legitimacy, Cheung is seen by his community as an authoritative curator, of sorts, of all types of religious healing interventions.

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<sup>13</sup> See Cheung (2024) for details on other religious healing resources for the global Sinophone community.



**Figure 4.** Fengshui almanacs for 2022 displayed next to food, electronics, and kitchenware in a storefront in Manhattan's Chinatown. (Source: Photo by author, taken December 7, 2021.)

As an adapter of ritual, Cheung also offers his version of the Buddhist practice of life release. Typically conducted at a Buddhist temple, the practice involves patrons purchasing small animals like fish, turtles, crabs, or birds to release into the wild. These animals often return or are caught for the next patron to use again by paying *dana*, or merit-making donation. These small monetary offerings to the temple support the institution and the spread of Buddhist teachings. It also generates good karma for healing. While some view this as a way for monasteries to extract money, this overlooks how Buddhists have always engaged in the economy. However, ecological concerns about its impact on biodiversity warrant attention (Cheung 2023, 30).

My father's innovative take on this practice, which he participates in and prescribes to his students and patients, is spurred by his working-class material conditions. Instead of paying a few dollars per goldfish, the least expensive live animals typically sold, he advocates a practice of buying brine shrimp eggs to incubate and hatch then release into a local body of water not near Buddhist institutions. The cost paid per life released drops significantly to fractions of pennies per brine shrimp. He prescribed the release to take place on the birthday of Guanyin, the Buddhist bodhisattva of compassion, during an auspicious hour. (Cheung 2023, 30)

Cheung operates on a religious logic that assumes the number of lives released is proportional to the amount of karmic merit gained.

Among the creative techniques he invented include the gluing of small magnets to a clothespin in order to pinch the magnet on an acupressure spot on the body. This is an example of combining the use of magnetic fields to heal with his knowledge of acupuncture points and acupressure massage, along with using common inexpensive household objects.

Cheung did not identify as Buddhist for most of his life, including during many years teaching Buddhist practices. Only in 2021 did he officially participate in a ritual to become a Buddhist. When he speaks to students and patients, he often prefaces explanations of disease by saying “Buddhism teaches” or “Daoism teaches,” and even “Christianity teaches.” Understanding Cheung requires avoiding imposing etic frameworks of religious identity. Scholars of Japanese religions similarly point out the problems with projecting Abrahamic religious assumptions of religious self-identification onto Buddhists in Japan (Josephson 2012; Kavanagh and Jong 2020). Thomas Kasulis’s (2004, 4–6) distinction between existentialist and essentialist designations of religious identity can be helpful here. As Cheung regularly performs Buddhist practices and rituals, he could be said to have an “existential” Buddhist identity, not an “essentialist” Buddhist identity, that leads or guides Cheung in all aspects of his life.

Some of his students, such as Mrs. L, do identify as Buddhist. After nearly a decade of regular Buddhist sitting meditation practice, Cheung became a disciple of a Taiwanese esoteric Buddhist Grandmaster Guru Lian-sheng who has a temple in Queens, New York. Cheung has since followed his master’s live YouTube broadcasts on Sunday evenings, consulted physical copies of his books, used his amulets, and starting in 2023, read electronic versions of his books available freely to Sinophone audiences around the world.<sup>14</sup> In addition to writing on Buddhist practices, Lian-sheng has authored books on *fengshui* as well, though Cheung’s experience in *fengshui* dated before his encounter with this Buddhist teacher. This is to say that it is quite common for practitioners of Chinese Buddhism to practice *fengshui* and other Chinese religious activities.

Whether his patients, students, friends, or relatives identify as Buddhist, they are open to receiving Buddhist blessings from Cheung and some follow his prescriptions for chanting spells or practicing life release rituals. Many of them also learn practices that blur the boundaries between Buddhist and non-Buddhist practices, such as *Chan-taiji*. According to Cheung,

the lay Buddhist Huiguang invented *chan-taiji*. It is the combination of the essence of Buddhist and Daoist teachings. He created a thirty-two-style practice. If you practice with sincerity, it is relatively effective for health of mind and body. It is

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<sup>14</sup> Grandmaster Lian-sheng also titles himself as the “Living Buddha Lian-sheng Sheng-yen Lu” and offers Chinese and English versions of his teachings on this webpage: <https://www.tbboyeh.org/eng#/index> (last accessed May 24, 2024).

calming and suitable for those who have anxiety, depression, autism, or are in front of the computer all day. This is most suitable. This *chan-taiji* is a new practice. (Cheung and Salguero 2019, 244; original italics)

Cheung continues to explain that anyone can learn this practice online, but it would be extremely difficult without a foundation in self-cultivation practices such as martial arts or *qigong* as the videos lack instruction in the basics. It takes training and knowledge to be able to take advantage of the advanced level information available to Sinophone audiences. As an expert and teacher of religious healing in his own right, Cheung has become a focal node in the New York City area.

The centripetal force that sustains Cheung and his community is religious healing, which extends beyond the mental and physical to include the soteriological—such as the karmic or astrological causes of disease. As a community that oscillates between the incommensurate medical languages of *qi*, biomedicine, and karma, their shared practices of life release, *qigong*, acupuncture, and *fengshui* object placement highlight how the transnational experience of Asian American code-switching applies as much to medical languages as it does to spoken ones.<sup>15</sup>

## Conclusion

Cheung and his healing community of four dozen Asian (mostly Chinese) Americans is an example of transnational religious expressions between Asia and North America. One of his students, Mr. F, is another node as he teaches Reiki in Europe and North America. Cheung has learned Reiki from Mr. F. This shows that the teacher-student relationship can be dynamic and periodically reversed, forming what Justin B. Stein has called an “alternate current” (2023, 6-11). Ultimately, this case study of Cheung is presented to highlight how transnational Asias are created and maintained by religious healers and their communities of practice.

Religious healing is also affordable for immigrants without health insurance, like Cheung and his community who often pay cash to see Chinese-speaking doctors of Chinese medicine and mainstream biomedicine in US Chinatowns as they have limited to no English-language knowledge. The price of one electronic acupuncture machine is on par with the fee to visit a doctor once, but the machine can provide countless treatments and be done at home on one’s schedule without the need to take time off from work to see a physician. The *fengshui* almanacs are inexpensive paperbacks and the charms and amulets sold in Chinatowns are mostly sold at low prices. Radio programs, television shows, and internet videos are free to anyone with the equipment to access such media. The global

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<sup>15</sup> Cheung (2025b) has an argument for how code-switching between medical languages avoids creating a hierarchy that elevates biomedicine above other medical languages, and is thus more accurate than medical bilingualism or translation between medical languages.

consumers of Chinese medical arts share more than simply the language of written Chinese. They operate within the medical-religious language of *qi*.

In Cheung and his community's worldview, the efficacy of *qigong* is based on manipulating *qi*, which also acts as the foundation for their practices of Reiki,<sup>16</sup> *taiji*, acupuncture, acupressure massage, moxibustion, and *fengshui* geomancy. In other words, Chinese medical arts are not easily separated from what I label here as *religious* healing. The healing efficacy is not trivial. Rather, examples of conditions healed range beyond the aforementioned golf-ball-sized tumor to "include the chronic back-pain of a middle-age male truck-driver, the dislocated jaw of a teenage girl, a balance disorder and memory troubles of an elderly woman" (Cheung 2022, 139).

In addition to the healing practices associated with *qi*, Cheung also uses a host of Buddhist medical arts. In contrast to how white American Buddhists emphasize quiet sitting meditation or mining Buddhist texts for religious wisdom, Cheung is most interested in exploring pan-Asian Buddhist traditions for sources of healing that include life release rituals, spells, chants, visualizations, prostration practices, herbal formulas, talismans, amulets, and charms. "He petitions Buddhist deities such as Guanyin, the Medicine Buddha, and Cundī because they effectively alleviate his stomach and skin conditions and can give him insights into his medical conditions and those of his patients" (Cheung 2024, 170). In addition to Buddhist and Chinese religious medical practices, Cheung uses practices and ritual objects from Korea, Japan, Tibet, and Thailand, among others. It is also difficult to contain his community strictly under the purview of Asian American religions as he is teaching his childhood friend and their group in southern China through WeChat.

Some scholars of Chinese religions use the term syncretism to describe how practitioners on the ground blur the messiness of any theoretical distinction between Chinese Buddhism, Confucianism, and Daoism (a.k.a. the three teachings or doctrines of Chinese religions, which is often delineated from folk or popular religion).<sup>17</sup> Others push back against the term syncretism and instead choose terms such as "hybridization" (Goh 2009) or "condominium."<sup>18</sup> Arguing against the use of syncretism to understand Chinese Buddhism by considering whether some type of Chinese syncretism of Buddhism-Daoism is an accurate description, Robert Sharf writes, "The problem is that the category of

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<sup>16</sup> The *ki* in *reiki* is the same word as *qi* in *qigong*.

<sup>17</sup> "Secondly, although the paradigm of 'three doctrines' does not necessarily exclude the mutual influence between them, the artificial separation of the three may overshadow their intensive and extensive interaction. In reality, the three religions mutually relate to and depend upon one another. They are 'syncretic' in the sense that they absorb useful teachings from each other and pragmatically apply the 'borrowed' tenets in their own way at particular times. In this syncretic culture, the three religions are often interpreted as three teachings on the same Way, or three paths to the same goal: the difference between them is in 'form', but not in 'essence'. Each of the three teachings has been transformed over a long period of history into a particular part of the mainstream culture, and each has contributed in unique ways to the life of the Chinese people" (Yao and Zhao 2010, 14).

<sup>18</sup> "The term condominium connotes that the Three Teachings lived together in late-imperial China with a considerable degree of harmony: equal in principle, equally available to worshippers, and free to associate and interact in a multitude of ways" (Brook 1993, 15).

syncretism presupposes the existence of distinct religious entities that predate the syncretic amalgam, precisely what is absent, or at least unrecoverable, in the case of Buddhism” (2002, 16).<sup>19</sup> Cheung shows that, when religious systems are examined closely, not only do theoretically constructed categories dissolve but also artificially created boundaries between religious and healing practices, and between the national and transnational, disintegrate.

Cheung’s community and their practices of *taiji*, acupuncture, *qigong*, Buddhist medical arts, and other miscellaneous/eclectic Chinese religious practices (such as *fengshui*) exemplify the transnational flows of knowledge and healing practices that break down state boundaries and static notions of “Chinese” medicine/religion. The Chinese-ness of such practices refers to medical languages as much as linguistic ones. Cheung as a node provides a local reassembly of practices to continually create new modes of religious healing.

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<sup>19</sup> Sharf’s (2002) critique also applies to the use of hybridization.

## References

- Brook, Timothy. 1993. "Rethinking Syncretism: The Unity of the Three Teachings and Their Joint Worship in Late-Imperial China." *Journal of Chinese Religions* 21 (1): 13-44. <https://doi.org/10.1179/073776993805307448>.
- Brown, Bernardo E., and Brenda S. A. Yeoh, eds. 2018. *Asian Migrants and Religious Experience: From Missionary Journeys to Labor Mobility*. Amsterdam: Amsterdam University Press.
- Bu, Liping. 2023. "Chinese Medicine in the United States: Historical Development and Growth." *Chinese Medicine and Culture* 6 (1): 108-14. <https://doi.org/10.1097/MC9.0000000000000045>.
- Cheung, Kin. 2022. "Miracle as Natural: A Contemporary Chinese American Religious Healer." In *Miracles: An Exercise in Comparative Philosophy of Religion*, edited by Karen R. Zwier, David L. Weddle, and Timothy D. Knepper, 131-54. *Comparative Philosophy of Religion* 3. Cham: Springer International Publishing. [https://doi.org/10.1007/978-3-031-14865-1\\_8](https://doi.org/10.1007/978-3-031-14865-1_8).
- Cheung, Kin. 2023. "A Chinese American Religious Healer: Towards Filial Ethnography" In *The Familial Occult: Explorations at the Margins of Critical Autoethnography*, edited by Alexandra Coțofană. *European Association of Social Anthropologists Series* 47, 17-44. Oxford: Berghahn Books.
- Cheung, Kin. 2024. "Buddhist Healing in the Community: A Chinese American Healer in New York City." In *Buddhism and Healing in the Modern World*, edited by C. Pierce Salguero, Kin Cheung, and Susannah Deane, 153-73. Mānoa: University of Hawai'i Press.
- Cheung, Kin. 2025a. "Placebo Effects, Qi, and Intention: How Biomedical Hegemony Polices Competing Paradigms." In *Religion, Spirituality and Public Health: Competing and Complementary Epistemes*, edited by Karen O'Brien-Kop and Suzanne Newcombe. *Proceedings of the British Academy Series* 278, 199-200. Liverpool: Liverpool University Press.
- Cheung, Kin. 2025b. "Healing (With) Qì via Qìgong, Acupuncture, and Fēngshuǐ: Code-Switching and the Case of a Chinese American Healer." In *Subtle Energies in Therapy, Spirituality, Arts, and Politics. 1800-Present*, edited by Julian Strube, Marleen Thaler, and Dominic Zoehrer. *Numen Book Series: Studies in the History of Religions* 182, 163-86. Leiden, the Netherlands: Brill.
- Cheung, Kin, and C. Pierce Salguero. 2019. "Interview with a Contemporary Chinese American Healer." In *Buddhism and Medicine: An Anthology of Modern and Contemporary Sources*, edited by C. Pierce Salguero, 241-51. New York: Columbia University Press.

- Chin, Margaret May. 2005. *Sewing Women: Immigrants and the New York City Garment Industry*. Columbia Comparative Studies in Ethnicity and Race. New York: Columbia University Press.
- Colquhoun, David, and Steven P. Novella. 2013. "Acupuncture Is Theatrical Placebo." *Anesthesia & Analgesia* 116 (6): 1360-63. <https://doi.org/10.1213/ANE.0b013e31828f2d5e>.
- Goh, Daniel. 2009. "Chinese Religion and the Challenge of Modernity in Malaysia and Singapore: Syncretism, Hybridisation and Transfiguration." *Asian Journal of Social Science* 37 (1): 107-37. <https://doi.org/10.1163/156853109X385411>.
- Gross, Miriam. 2018. "Between Party, People, and Profession: The Many Faces of the 'Doctor' During the Cultural Revolution." *Medical History* 62 (3): 333-59. <https://doi.org/10.1017/mdh.2018.23>.
- Josephson, Jason Ananda. 2012. *The Invention of Religion in Japan*. Chicago: University Of Chicago Press.
- Joshi, Khyati Y. 2020. *White Christian Privilege: The Illusion of Religious Equality in America*. New York: NYU Press.
- Kaptchuk, Ted J. 2011. "Placebo Studies and Ritual Theory: A Comparative Analysis of Navajo, Acupuncture and Biomedical Healing." *Philosophical Transactions of the Royal Society B: Biological Sciences* 366 (1572): 1849-58. <https://doi.org/10.1098/rstb.2010.0385>.
- Kasulis, Thomas P. 2004. *Shinto: The Way Home*. Mānoa: University of Hawai'i Press.
- Kavanagh, Christopher M., and Jonathan Jong. 2020. "Is Japan Religious?" *Journal for the Study of Religion, Nature and Culture* 14 (1): 152-80.
- Klein, Penelope J., and William D. Adams. 2004. "Comprehensive Therapeutic Benefits of Taiji: A Critical Review." *American Journal of Physical Medicine & Rehabilitation* 83 (9): 735-45. <https://doi.org/10.1097/01.PHM.0000137317.98890.74>.
- Lo, Vivienne, and Michael Stanley-Baker, eds. 2022. *Routledge Handbook of Chinese Medicine*. London: Routledge.
- Palmer, David A. 2007. *Qigong Fever: Body, Science, and Utopia in China*. New York: Columbia University Press.
- Rene, Helena K. 2013. *China's Sent-Down Generation: Public Administration and the Legacies of Mao's Rustication Program*. Washington, DC: Georgetown University Press.
- Sharf, Robert H. 2002. *Coming to Terms with Chinese Buddhism: A Reading of the Treasure Store Treatise*. Kuroda Institute. Studies in East Asian Buddhism 14. Mānoa: University of Hawai'i Press.

- Shelton, Tamara Venit. 2019. *Herbs and Roots: A History of Chinese Doctors in the American Medical Marketplace*. Illustrated edition. New Haven, CT: Yale University Press.
- Soon, Wayne. 2020. *Global Medicine in China: A Diasporic History*. Stanford, CA: Stanford University Press.
- Stein, Justin B. 2023. *Alternate Currents: Reiki's Circulation in the Twentieth-Century North Pacific*. Mānoa: University of Hawai'i Press.
- Tilley, Helen, ed. 2021. *Therapeutic Properties: Global Medical Cultures, Knowledge and Law*. Osiris. Vol. 36. Chicago: University of Chicago Press.
- UW Tateuchi East Asia Library, Dunhuang Foundation, and Dunhuang Academy. n.d. "Mogao Cave 220 Overview 莫高第 220 号窟概览. Dunhuang Caves on the Silk Road: Online Exhibitions & Speaker Series 丝绸之路上的敦煌石窟: 虚拟展览及演讲系列." Accessed November 1, 2022. <https://www.dunhuang.ds.lib.uw.edu/mogao-cave-220-overview/>.
- Wang, Shu-Ming, Richard E. Harris, Yuan-Chi Lin, and Tong-Joo Gan. 2013. "Acupuncture in 21st Century Anesthesia: Is There a Needle in the Haystack?" *Anesthesia & Analgesia* 116 (6): 1356-59. <https://doi.org/10.1213/ANE.0b013e31828f5efa>.
- Yao, Xinzhong, and Yanxia Zhao. 2010. *Chinese Religion: A Contextual Approach*. London: A&C Black.
- Zhan, Mei. 2009. *Other-Worldly: Making Chinese Medicine through Transnational Frames*. Durham, NC: Duke University Press.